

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22	1					
23		1				
24		2				
25		2				
26	1					
27						
28		1				
29						
30						
31						
32						
33		1				
34						
35		1				
36						
37		1				
38						
39		1				
40						
41		1				
42						
43						
44		1				
45						
46						
47		1				
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	1			101			1	
52							1	
53	1						1	
54	1						1	
55	1						1	
56	1						1	
57	2						1	
58	2						1	
59	1						1	
60	i			110			1	
61							1	
62							1	
63							1	
64							1	
65							1	
66							1	
67	1						1	
68	1						1	
69	1						1	
70				120			1	
71							1	
72	1						1	
73							1	
74							1	
75							1	
76							R	
77							C	
78							1	
79							1	
80				130			1	
81							1	
82							1	
83							1	
84							1	
85							1	
86							1	
87							1	
88							1	
89							1	
90				140			1	
91							1	
92							1	
93	i						1	
94							1	
95	1						1	
96							1	
97							1	
98							1	
99							1	
100							1	
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								